

SEP 17 1941 791
Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

6946

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5931 Maple Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT Charles J. Harriman
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Carrie Harriman 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Apr 1 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 25 If less than one day
hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping clerk
Retired

11. Industry or business.....

12. Name John A. Harriman

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Quinlan
(City, town, or county) (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Harriman

(b) Address 5931 Maple Ave

17. (a) Burial (b) Date thereof Aug. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Cem.

(c) Place: burial or cremation Drehmann-Harral

18. (a) Signature of funeral director 1905 Union Blvd

(b) Address

19. (a) AUG 27 1941 (b) J. H. Preslick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5931 Maple Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1941 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 26
1939 to Aug 26, 1941.
that I last saw him alive on August 19, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Thrombosis Duration 8-26-41

Due to Chronic myocarditis Ref 1539
Hypertensive enlarged

Due to.....
Other conditions Marked arteriosclerosis Ref 1539
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature W. C. Clark (M. D. or other) M.D.
Address 1861 1/2 N. 1st St. Date signed 8-26-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert R. Thompson Jr.
Licensed Embalmer No. 4237

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.